



## Request for Applications

RFA # A-376

### *NC School Health Centers Program*

**FUNDING AGENCY:** North Carolina Department of Health and Human Services  
Division of Public Health  
Women's & Children's Health Section / Children & Youth Branch /  
School Health Unit

**ISSUE DATE:** October 27, 2020

**DEADLINE DATE:** December 31, 2020

**INQUIRY INFORMATION:**

Direct all inquiries concerning this RFA to:  
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**Applications will be received until 5:00 pm on December 31, 2020.**

Email all application documents directly to the funding agency email address as indicated below:

**Electronic Submission Information:**

Direct electronic submission of this RFA to:  
[glinda.robinson@dhhs.nc.gov](mailto:glinda.robinson@dhhs.nc.gov)

Glinda Robinson, School Health Unit Administrative Assistant  
NC Division of Public Health  
Raleigh, NC  
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**IMPORTANT NOTE: Indicate agency/organization name and RFA number in the subject line of the electronic submission.**

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## **I. INTRODUCTION**

The North Carolina School Health Centers Program (SHC) is administered through the School Health Unit, Children and Youth Branch, Women's and Children's Health Section of the NC Division of Public Health. The purpose of this RFA is to provide funding support for School Health Centers (SHC's) that focus on primary and preventive medical care of older children and adolescents, ages 10 to 19. The School Health Centers (SHCs) provide access to comprehensive, coordinated and preventive health care either through direct services and programs and/or through referrals to other primary care providers including medical homes, medical specialists, mental and behavioral health agencies, nutritionists and other community services and programs. These SHCs focus on early intervention and prevention by assuring access to annual age-appropriate wellness visits (Health Check/Early Periodic Screening, Diagnosis and Treatment), health risk assessments and immunizations as well as providing chronic disease management and acute care in a primary medical care practice setting.

SHCs are located in or near high schools and middle schools to increase access to physical and mental health services for youth in local communities. There is a strong emphasis on preventive health services with the goal of improving children's health and readiness to learn. Services are provided in collaboration with individual schools, school districts, health care providers, medical homes, local health departments, and other community-based agencies. Services include acute medical care; management of chronic illness; mental health counseling; and preventive services, such as health education, physical and dental exams and nutrition services.

## **ELIGIBILITY**

The sponsoring agency, the contracting party for this grant, shall be a public or private non-profit institution (e.g. hospitals, non-profit organizations, local health departments, and federally qualified health centers) and be recognized locally and through documentation contained in the application as suitable for assuming managerial, medical and fiduciary responsibilities. The program funds multiple models of school health care delivery by way of a traditional school-based health center, a school-linked health center, a mobile unit, and the utilization of telehealth equipment. SHC applicants selected for funding may utilize one or more of these models to provide services through their school health center. A "school-based" SHC is located on a school-campus and primarily provides services and programs for students on that campus. A "school-linked" SHC is usually located off a school campus and works collaboratively with multiple schools and other agencies to provide access to age-appropriate health care. A SHC that is located on a school campus and primarily providing services to students from other schools is also classified as "school-linked." Mobile Units include mobile vans parked on or near a school campus. Through the telehealth model, staff are physically on site and/or at remote locations.

The SHCs selected through this RFA shall collaborate with local community agencies and organizations including the public schools, school districts and local education associations, School Health Advisory Committees (SHACs), Primary Care Providers (PCPs), Local Health Departments (LHDs), Federally Funded Community Health Centers (FQHCs), local mental health agencies and other appropriate community programs, organizations and agencies. They shall have advisory boards representing the diversity of the community that meet regularly. Applying SHCs may provide a comprehensive array of services directly through center staff including acute, chronic and preventive health services, health risk screening, mental health services and nutrition services or provide limited or specialty services and refer children and youth for additional care.

**FUNDING**

The total funding available in this RFA is \$1,377,664 (100% State funding). Funding will be awarded based on both funding availability and what is in the best interest of the State of North Carolina for the purpose of increasing medical access to children and adolescents through the School Health Center Program. Individual center funding will be determined by a review committee led by the Division of Public Health (DPH) that shall review the submitted proposals relative to the goals and outcomes that have been identified in this RFA, requested funding levels, detailed budgets, total projected income through billing, in kind support, program plan and collaboration planning.

SHC grants shall be awarded for the following periods:

Year One: June 1, 2021 – May 31, 2022

Year Two: June 1, 2022 – May 31, 2023

Year Three: June 1, 2023 – May 31, 2024

Funding is contingent upon both availability of funds and compliance with the requirements and assurances contained in contracts resulting from this RFA. **Contract awards shall be announced by February 1, 2021.** Funds may be used to support personnel (salaries and fringes), contractual services, supplies (office and medical), medical equipment, management information systems, travel, and miscellaneous operating expenses such as telephone, postage, and educational materials. Expenditures for equipment exceeding \$2,500 require prior approval from the Division of Public Health/Children & Youth Branch. To be eligible for funding, the applicant must meet requirements, criteria and standards stated in this RFA.

## II. BACKGROUND

According to the Children's Defense Fund (<https://www.childrensdefense.org/the-state-of-americas-children-2020/>) there are more than 2.2 million North Carolinians between the ages of 0 and 18, and many of these young people do not have access to the health care they need. The Children's Defense Fund also states that 1,391,358 children ages 0-18 were enrolled in Medicaid or Health Choice for Children. It has been estimated that 102,232 children and adolescents are uninsured (4.5%). Furthermore, 21.7% of children under the age of 18 are living in poverty and 9.3% are living in extreme poverty in North Carolina.

North Carolina Department of Public Instruction reports that 10,523 high school students (grades 9-12) in North Carolina public and public charter schools dropped out of school during the 2017-2018 school year, equating to a 2.18% dropout rate (<https://www.dpi.nc.gov/data-reports/dropout-and-discipline-data/discipline-alp-and-dropout-annual-reports>). North Carolina has an 86.5% graduation rate, according to the 2018-2019 Graduation Rate Report (<https://www.dpi.nc.gov/districts-schools/testing-and-school-accountability/school-accountability-and-reporting/cohort-graduation-rates#4-year-cohort-graduation-rates>).

Many of these young people live in communities that have increased risk factors due to social and economic factors. This "at risk" population often lives in areas with few health care providers, have limited knowledge of how to access the health care system, lack financial resources, and do not have transportation to access care. These youths are more likely to suffer academically, require hospitalization and long-term treatment, become subjects for interventions from the juvenile justice system, and be unable to transition into adulthood as healthy and productive members of society. Without adequate health care and positive behavioral and mental health interventions that are associated with improved academic success, older children and adolescents are more likely to mature into adults who are at greater risk for debilitating chronic diseases, such as cancer, diabetes and heart disease, experience socio-economic problems such as poverty and unemployment, and suffer from mental/behavioral health problems that will be costly to themselves and to society.

The importance of addressing mental/behavioral health problems as well as medical conditions through age-appropriate primary care services is well documented. Data from the 2018 National Survey of Children's Health (NSCH) show that in 2017-2018, one in three children under the age of 18 were reported to have suffered at least one adverse childhood experience in their lifetime and 14 percent experienced two or more ACEs (<https://www.hrsa.gov/about/news/press-releases/hrsa-data-national-survey-children-health>).

The importance of addressing mental/behavioral health problems as well as medical conditions through age-appropriate primary care services is well documented. The 2017-2018 National Survey of Children's Health, (<https://www.childhealthdata.org/browse/survey>) estimates that 22.6 % of children 3-17 years in North Carolina have one or more mental, emotional, developmental or behavioral conditions, which is higher than the 21.9% national rate. North Carolina children ages 0-17 have a 19.2% prevalence of at least one health condition, which may affect attendance and school achievement. North Carolina adolescents aged 0-17 have a 21.6% prevalence of two or more lifelong health conditions as compared to the national estimate of 17.9 %. Also, more than 30% of North Carolina adolescents, ages 10-17, are overweight or obese.

One of the goals of Healthy People NC 2030 is to improve child well-being by decreasing adverse childhood experiences. Adverse experiences such as exposure to trauma, violence, or neglect during childhood, increase the likelihood of poor physical and mental health as a child grows up (CDC Vital Signs, November 2019).

According to the Centers for Disease Control & Prevention, research shows that school health programs reduce the prevalence of health risk behaviors among young people and have a positive effect on academic performance ([https://www.cdc.gov/healthyyouth/health\\_and\\_academics/index.htm](https://www.cdc.gov/healthyyouth/health_and_academics/index.htm)). It is estimated that 70% of adolescent morbidity and mortality are associated with six behavioral risk factors: (1) intentional and unintentional injuries; (2) drug and alcohol use; (3) sexually transmitted diseases and unintended pregnancies; (4) tobacco use; (5) inadequate physical activity; and (6) poor dietary habits. Between 10% and 25% of adolescents experience mental health or substance use related problems serious enough to warrant early identification, evaluation, and treatment by mental health professionals. In addition, at least 10% of this age group is reported to have a chronic health condition, such as asthma, diabetes or heart disease that may affect attendance and school achievement.

According to the 2017 Youth Risk Behavior Survey, 15.5% of North Carolina high school students (grades 9–12) were classified as being overweight ( $\geq 85$ th percentile but  $< 95$ th percentile for body mass index) and 15.4% had obesity ( $\geq 95$ th percentile for body mass index). Additionally, 26.4% of middle school students (grades 6–8) described themselves as slightly or very overweight. Parents reported that 30.9% of youth ages 10 to 17 in North Carolina were overweight or obese (The State of Obesity in North Carolina). The goals of Healthy People NC related to nutrition and exercise include: (1) increase access to physical activity opportunities, (2) improve access to healthy foods, and (3) decrease sugar-sweetened beverage consumption to reduce overweight and obesity rates.

According to the *American Academy of Pediatrics (AAP) Committee on Adolescents and Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 4<sup>th</sup> Ed., 2017, the preventable health problems and rapid developmental changes of older children and adolescents are best addressed through health services that provide comprehensive preventive counseling and screening services, including annual preventive health care visits for adolescents between 11 and 21 years of age. It is recommended that adolescent preventive visits include confidential screenings (through trigger questionnaires, clinical interviews, or other means), early identification, appropriate preventive care interventions, and referrals for behavioral, emotional, and medical risk, education and counseling on behavioral, emotional, and medical risks to health, and recommended immunizations.

The SHCs funded through RFA # A-376 shall contribute to the strategic goal of the North Carolina Department of Health and Human Services to support the development of services and programs that promote healthier children and youth who are more capable of being effective learners and who are more likely to graduate from high school and complete the transition into adulthood as healthy and productive citizens. The Women's and Children's Health Section is responsible for infrastructure development and implementation of direct services to women and children under the Maternal and Child Health Block Grant.

The state statute supporting RFA # A-376 is G.S. 130A-124: "Department to establish maternal and child health program. (a) The Department shall establish and administer a maternal and child health program for the delivery of preventive, diagnostic, therapeutic and rehabilitative health services to

women of childbearing years, children and other persons who require these services. The program may include, but shall not be limited to, providing professional education and consultation, community coordination and direct care and counseling.”



### III. SCOPE OF SERVICES

#### *Input*

The total funding available in this RFA is \$1,377,664. Funding will be awarded based on both funding availability and what is in the best interest of the State of North Carolina for the purpose of increasing medical access to children and adolescents through the School Health Center Program. Individual center funding will be determined by a review committee led by the Division of Public Health (DPH) that shall review the submitted proposals relative to the goals and outcomes that have been identified in this RFA, requested funding levels, detailed budgets, total projected income through billing, in kind support, program plan and collaboration planning.

**SHC grants shall be awarded for the following periods: Year One: 06/01/21 – 05/31/22; Year Two: 06/01/22 – 05/31/23; and Year Three: 06/01/23 – 05/31/24**, contingent upon both availability of funds and compliance with the requirements and assurances contained in contracts resulting from this RFA.

**Contract awards shall be announced by February 1, 2021.** Funds may be used to support personnel (salaries and fringes), contractual services, supplies (office and medical), medical equipment, management information systems, travel, and miscellaneous operating expenses such as telephone, postage, and educational materials. Expenditures for equipment exceeding \$2,500 require prior approval from the Division of Public Health/Children & Youth Branch. To be eligible for funding, the applicant must meet requirements, criteria and standards stated in this RFA.

Priority for funding shall be given to SHCs whose sponsor demonstrates evidence and substantive documentation that their community has a high need of health services for older children and adolescents, has the capability to provide comprehensive primary care and preventive health services on site and/or through referrals, has the capacity to contribute to the contract objectives as stated in this RFA, and has provided evidence of their likelihood of sustainability for the three-year RFA timeline. The sponsoring agency shall submit one application that includes separate budgets for each SHC sponsored. The sponsoring agency, the contracting party for this grant, shall be a public or private non-profit institution and be recognized locally and through documentation contained in the application as suitable for assuming managerial, medical, and fiduciary responsibilities.

#### *Output*

#### CONTRACTING AGENCY RESPONSIBILITIES

- A. Operate one (or more) School Health Centers(s) that meets the following criteria:
  1. Maintain regularly scheduled hours equal to or more than half the hours that students are in school during the contract period.
  2. Provide access to comprehensive acute, chronic, and preventive health care services including age-appropriate annual wellness visits in collaboration with individual schools, local education agencies (school districts), primary care and specialty medical providers and other agencies and community-based organizations.

3. Provide or refer for age-appropriate comprehensive health assessments, health risk screenings which include developmental and behavioral surveillance, treatment, anticipatory guidance, education, referrals and/or follow-up on an annual basis to older children and adolescents who have used SHC services three or more times during the school year.
  4. Implement services that efficiently and effectively contribute to the contract outcomes and performance measures and comply with the quality standards relevant to the services that they provide.
- B. Meet the performance measures appropriate for the scope of services provided by the Center and report as required to the School Health Center Program:
1. Total number of unduplicated students served.
  2. Total number of visits by type including: total sum of visits when medical procedures were provided, total number of visits when preventive procedures were provided, total number of visits when behavioral/mental health procedures were provided, and total number of visits when nutrition procedures were provided.
  3. Total number and rate of unduplicated students served that are covered by: Health Check/Medicaid for Children, Medicaid, NC Health Choice/CHIP, Private Insurance, Medicare, Tri-care Military, Uninsured, Unknown, and Other.
  4. Total number and types of referrals to community providers including referrals for annual adolescent wellness visits, health risk assessments, immunizations, medical, behavioral/mental health, nutrition, and other.
  5. Total number of users with a Medical Home.
  6. Total number of users with a Dental Home.
  7. Top four medical diagnoses seen in the SHC (highest to lowest frequency)
  8. Outcome Data:  
Asthma Screening & Control (Choose 2 of the 5 outcome measures below)  
Number of unduplicated students under care that:
    - a. Consistently verbalized accurate knowledge of the pathophysiology of the student's condition
    - b. Consistently demonstrated correct use of asthma inhaler and/or spacer
    - c. Accurately listed asthma triggers
    - d. Remained within peak flow/pulse oximeter plan goals
    - e. Improved amount and/or quality of regular physical activity
  9. Required School Based Health Association National Standardized Performance Measures
    - a. Annual Well-Child Visit

- b. Depression Screening
- c. Annual Risk Assessment
- d. BMI Assessment/Nutrition & Physical Activity Counseling

### ***Outcome***

The contract outcomes shall be to improve health and support the academic achievement of older children and adolescents, ages 10 to 19, who have limited access to health care. This shall be accomplished by providing increased access to age-appropriate, comprehensive, coordinated and preventive health care either through services and programs provided on site and/or referrals to other primary care providers, medical specialists, mental and behavioral health agencies, nutritionists and other community services and programs that are appropriate.

### ***Service Quality***

#### **RESPONSIBILITIES AND ASSURANCES:**

1. Provide oversight and maintain accountability for the medical, managerial, and fiduciary operation of the SHC.
2. Obtain appropriate written consent from a parent or guardian before providing services for each student seen in the SHC.
3. Implement quality services that are in compliance with *the North Carolina Quality Assurance Standards* including culturally and linguistically appropriate services, the Division of Medical Assistance *Health Check Program Guide* requirements, and the *Bright Futures* recommendations for adolescents, evidence-informed protocols, medical scope of practice and other national recommendations.
4. Provide services by qualified and appropriately licensed staff that shall function as a part of a multi-disciplinary team, maintain the required services, and report the number and type of providers available at each service site annually to the DPH program contact.
5. Ensure that all students enrolled or served by the SHC have a medical home and a dental home. Results of all visits to the SHC and recommendations for follow-up shall be shared with students' medical home within 24 to 48 hours of the visit to the SHC and documented in the medical record (pursuant to appropriate release of information permissions as required by FERPA/HIPAA). For chronic physical and mental health conditions, shared plans of care between the school health center and medical home should be used whenever possible.
6. Ensure that all parents and students are informed of the procedure for obtaining medical and mental health services when the SHC is not in operation.
7. Maintain compliance with applicable Quality Assurance Standards and State or Federal regulations governing provision of health care services including immunizations.
8. Comply with reimbursement requirements to seek reimbursements from public and private insurers to sustain efficient business operations and sustainability of the SHC.
9. Maintain a Community Board and/or Advisory Council that meets at least quarterly and includes students, parents, school administrators, staff, and representative community agencies and community organizations. The Board/Council shall provide oversight for the

school health center relative to capacity-building, sustainability, and the overall improvement (QI) process.

10. Support a bullying-free environment by adhering to bullying prevention guidelines, protocols, and policies in the local school system. Collaborate and assist with the Local Education Association/school promotion and implementation of a minimum of one "in-service" training or promotional activity relating to bullying prevention in schools targeted to faculty, staff, or students. Documentation of the activity shall be submitted to DPH program contact during the contract year.
11. Develop other community collaborations and networks to promote health and academic success of older children and adolescents through coordinated, community-based services and programs that are based on strong partnerships between health providers and schools, local education agencies (LEAs) and School Health Advisory Committees (SHACs).
12. Perform a clinical medical record review at least once during the fiscal reporting year as part of quality improvement plan and discuss and report findings in writing to the DPH program contact.
13. Submit performance data twice during the fiscal year (Mid-Year and End of Year Data) on a submission form to be provided by the DPH program contact.

#### **IV. GENERAL INFORMATION ON SUBMITTING APPLICATIONS**

**1. Award or Rejection**

All qualified applications will be evaluated, and award made to that agency or organization whose combination of budget and service capabilities are deemed to be in the best interest of the funding agency. The funding agency reserves the unqualified right to reject any or all offers if determined to be in its best interest. Successful applicants will be notified by February 1, 2021.

**2. Cost of Application Preparation**

Any cost incurred by an agency or organization in preparing or submitting an application is the agency's or organization's sole responsibility; the funding agency will not reimburse any agency or organization for any pre-award costs incurred.

**3. Elaborate Applications**

Elaborate applications in the form of brochures or other presentations beyond that necessary to present a complete and effective application are not desired.

**4. Oral Explanations**

The funding agency will not be bound by oral explanations or instructions given at any time during the competitive process or after awarding the grant.

**5. Reference to Other Data**

Only information that is received in response to this RFA will be evaluated; reference to information previously submitted will not suffice.

**6. Titles**

Titles and headings in this RFA and any subsequent RFA are for convenience only and shall have no binding force or effect.

**7. Form of Application**

Each application must be submitted on the form provided by the funding agency and will be incorporated into the funding agency's Performance Agreement (contract).

**8. Exceptions**

All applications are subject to the terms and conditions outlined herein. All responses will be controlled by such terms and conditions. The attachment of other terms and conditions by any agency or organization may be grounds for rejection of that agency or organization's application. Funded agencies and organizations specifically agree to the conditions set forth in the Performance Agreement (contract).

**9. Advertising**

In submitting its application, agencies and organizations agree not to use the results therefrom or as part of any news release or commercial advertising without prior written approval of the funding agency.

**10. Right to Submitted Material**

All responses, inquiries, or correspondence relating to or in reference to the RFA, and all other reports, charts, displays, schedules, exhibits, and other documentation submitted by the agency or organization will become the property of the funding agency when received.

**11. Competitive Offer**

Pursuant to the provision of G.S. 143-54, and under penalty of perjury, the signer of any application submitted in response to this RFA thereby certifies that this application has not been arrived at collusively or otherwise in violation of either Federal or North Carolina antitrust laws.

**12. Agency and Organization's Representative**

Each agency or organization shall submit with its application the name, address, and telephone number of the person(s) with authority to bind the agency or organization and answer questions or provide clarification concerning the application.

**13. Subcontracting**

Agencies and organizations may propose to subcontract portions of work provided that their applications clearly indicate the scope of the work to be subcontracted, and to whom. All information required about the prime grantee is also required for each proposed subcontractor. Agencies and organizations shall also ensure that subcontractors are not on the state's Suspension of Funding List available at: <https://www.osbm.nc.gov/stewardship-services/grants/suspension-funding-memos>.

**14. Proprietary Information**

Trade secrets or similar proprietary data which the agency or organization does not wish disclosed to other than personnel involved in the evaluation will be kept confidential to the extent permitted by NCAC TO1: 05B.1501 and G.S. 132-1.3 if identified as follows: Each page shall be identified in boldface at the top and bottom as "CONFIDENTIAL." Any section of the application that is to remain confidential shall also be so marked in boldface on the title page of that section.

**15. Participation Encouraged**

Pursuant to Article 3 and 3C, Chapter 143 of the North Carolina General Statutes and Executive Order No. 77, the funding agency invites and encourages participation in this RFA by businesses owned by minorities, women and the disabled, including utilization as subcontractor(s) to perform functions under this Request for Applications.

**16. Contract**

The Division will issue a contract to the recipient of the RFA funding. Expenditures can begin immediately upon receipt of a completely signed contract.

## V. APPLICATION PROCUREMENT PROCESS AND APPLICATION REVIEW

The following is a general description of the process by which applicants will be selected for funding for this project.

### 1. **Announcement of the Request for Applications (RFA)**

The announcement of the RFA and instructions for receiving the RFA will be posted at the following DHHS website on October 27, 2020: <http://www.ncdhhs.gov/about/grant-opportunities/public-health-grant-opportunities> and may be sent to prospective agencies and organizations via direct mail, email, and/or the Program's website.

### 2. **Distribution of the RFA**

RFAs will be posted on the Program's website [www.ncdhhs.gov/dph/wch/aboutus/childreneyouth.htm](http://www.ncdhhs.gov/dph/wch/aboutus/childreneyouth.htm) and may be sent via email to interested agencies and organizations beginning October 27, 2020.

### 3. **Question & Answer Period**

All prospective applicants are encouraged to provide **written questions concerning the specifications in this Request for Applications**. All written questions will be due by Tuesday, 5 pm on November 10, 2020 to Michael.taylor@dhhs.nc.gov. As an addendum to this RFA, a summary of all questions and answers will be released via email on by Monday, November 16, 2020, to agencies and organizations sent a copy of this Request for Applications, or will be placed on Children & Youth Branch website at: [www.ncdhhs.gov/dph/wch/aboutus/childreneyouth.htm](http://www.ncdhhs.gov/dph/wch/aboutus/childreneyouth.htm).

### 4. **Applications**

Applicants shall submit one Word document of the application via electronic submission. This electronic submission shall include the required attachments, including line item budget and narrative as an Excel document. Electronic submission will be accepted in lieu of an original. Faxed applications will not be accepted.

### 5. **Format**

The application should be formatted as a Word document, single-side on 8.5" x 11" paper with margins of 1". Line spacing should be single-spaced. The font should be easy to read and no smaller than an 11-point font.

### 6. **Space Allowance**

Page limits are clearly marked in each section of the application. Refer to *VIII.3 Applicant's Response page 26* for specifics.

### 7. **Application Deadline**

All applications must be received by the date and time on the cover sheet of this RFA. **Faxed applications will not be accepted.**

### 8. **Review of Applications**

Applications are reviewed by a multi-disciplinary committee of public and private health and human services providers who are familiar with the subject matter. Staff from applicant agencies may not participate as reviewers.

Applications will be evaluated by a committee according to completeness, content, experience with similar projects, ability of the agency's or organization's staff, cost, etc. The State reserves the right to conduct site visits as part of the application review and award process. The award of a grant to one agency and organization does not mean that the other applications lacked merit, but that, all facts considered, the selected application was deemed to provide the best service to the State. Agencies and organizations are cautioned that this is a request for applications, and the funding agency reserves the unqualified right to reject any and all applications when such rejections are deemed to be in the best interest of the funding agency.

#### **9. Request for Additional Information**

At their option, the application reviewers may request additional information from any or all applicants for the purpose of clarification or to amplify the materials presented in any part of the application. However, agencies and organizations are cautioned that the reviewers are not required to request clarification. Therefore, all applications should be complete and reflect the most favorable terms available from the agency or organization.

#### **10. Audit**

Please be advised that successful applicants may be required to have an audit in accordance with G.S. 143C-6-22 and G.S. 143C-6-23 as applicable to the agency's status.

G.S. 143C-6-23 requires every nongovernmental entity that receives State or Federal pass-through grant funds directly from a State agency to file annual reports on how those grant funds were used.

There are 3 reporting levels which are determined by the total direct grant receipts from all State agencies in the entity's fiscal year:

Level 1: Less than \$25,000

Level 2: At least \$25,000 but less than \$500,000

Level 3: \$500,000 or more

Level 3 grantees are required to submit a "Yellow Book" Audit done by a CPA. Only Level 3 grantees may include audit expenses in the budget. Audit expenses should be prorated based on the ratio of the grant to the total pass-through funds received by the entity.

#### **11. Assurances**

The contract may include assurances that the successful applicant would be required to execute prior to receiving a contract as well as when signing the contract.



**12. Additional Documentation to Include with Application**

All applicants are required to include documentation of their tax identification number.

Those applicants which are private non-profit agencies are to include a copy of an IRS determination letter regarding the agency's 501(c)(3) tax-exempt status. (This letter normally includes the agency's tax identification number, so it would also satisfy that documentation requirement.)

In addition, those private non-profit agencies are to provide a completed, signed, and notarized page verifying continued existence of the agency's 501(c)(3) status. (An example of this page is provided in section *VIII. 8 Verification of 501(c)(3) Status.*)

**13. Federal Certifications**

Agencies or organizations receiving Federal funds would be required to execute Federal Certifications regarding Non-discrimination, Drug-Free Workplace, Environmental Tobacco Smoke, Debarment, Lobbying, and Lobbying Activities. A copy of the Federal Certifications is included in this RFA for your reference (see Appendix A). Federal Certifications should NOT be signed or returned with application.

**14. System for Award Management Database (SAM)**

All grantees receiving federal funds must be actively registered in the federal government's System for Award Management (SAM) database, or be willing to complete the registration process in conjunction with the award (see [www.sam.gov](http://www.sam.gov)). To maintain an active SAM record, the record must be updated no less than annually.

**15. Additional Documentation Prior to Contract Execution**

Contracts require more documentation prior to contract execution. After the award announcement, agencies will be contacted about providing the following documentation:

- a. A completed and signed letter from the agency's Board President/Chairperson identifying individuals as authorized to sign contracts. (A reference version appears in Appendix A.)
- b. A completed and signed letter from the agency's Board President/Chairperson identifying individuals as authorized to sign expenditure reports. (A reference version appears in Appendix A.)
- c. Documentation of the agency's DUNS number. Documentation consists of a copy of communication (such as a letter or email correspondence) from Dun & Bradstreet (D&B) which indicates the agency or organization's legal name, address, and DUNS number. In lieu of a document from D&B, a copy of the agency or organization's SAM record is acceptable.

If your agency does not have a DUNS number, please use the D&B online registration (<http://fedgov.dnb.com/webform>) to receive one free of charge. (DUNS is the acronym for the Data Universal Numbering System developed and regulated by D&B.)

Contracts with private non-profit agencies require additional documentation prior to contract execution. After the award announcement, private non-profit agencies will be contacted about providing the following documentation:

- a. A completed, signed, and notarized statement which includes the agency's Conflict of Interest Policy. (A reference version appears in Appendix A.)
- b. A completed, signed, and notarized page certifying that the agency has no overdue tax debts. (A reference version appears in Appendix A)

All grantees receiving funds through the State of North Carolina are required to execute Contractor Certifications Required by North Carolina Law. A copy of the certifications is included in this RFA for your reference (see Appendix A). Contractor Certifications should NOT be signed or returned with application.

Note: At the start of each calendar year, all agencies with current DPH contracts are required to update their contract documentation. These agencies will be contacted a few weeks prior to the due date and will be provided the necessary forms and instructions.

#### **16. Registration with Secretary of State**

Private non-profit applicants must also be registered with the North Carolina Secretary of State to do business in North Carolina or be willing to complete the registration process in conjunction with the execution of the contract documents. (Refer to: [https://www.sosnc.gov/divisions/business\\_registration](https://www.sosnc.gov/divisions/business_registration))

#### **17. Federal Funding Accountability and Transparency Act (FFATA) Data Reporting Requirement**

The Contractor shall complete and submit to the Division, the Federal Funding Accountability and Transparency Act (FFATA) Data Reporting Requirement form within 10 State Business Days upon request by the Division when awarded \$25,000 or more in federal funds. A reference version appears in Appendix A.

#### **18. Iran Divestment Act**

As provided in G.S. 147-86.59, any person identified as engaging in investment activities in Iran, determined by appearing on the Final Divestment List created by the State Treasurer pursuant to G.S. 147-86.58, is ineligible to contract with the State of North Carolina or any political subdivision of the State.

#### **19. Boycott Israel Divestment Policy**

As provided in Session Law 2017-193, any company that boycotts Israel, determined by appearing on the Final Divestment List created by the State Treasurer pursuant to Session Law 2017-193 is ineligible to contract with the State of North Carolina or any political subdivision of the State.

#### **20. Application Process Summary Dates**

10/27/2020: Request for Applications released to eligible applicants.

11/10/2020: End of Q&A period. All questions due in writing by 5pm.

11/16/2020: Answers to Questions released to all applicants, as an addendum to the RFA.

12/31/2020: Applications due by 5pm.

02/01/2021: Successful applicants will be notified.

06/01/2021: Contract proposed start date.

## VI. PROJECT BUDGET

### Budget and Justification

Applicants must submit a budget, which requires a line item budget and a narrative justification.

### Narrative Justification for Expenses

A narrative justification must be included for every expense listed in the budget. Each justification should show how the amount on the line item budget was calculated, and it should be clear how the expense relates to the project.

### Travel Reimbursement Rates

Mileage reimbursement rates must be based on rates determined by the North Carolina Office of State Budget and Management (OSBM). Because mileage rates fluctuate with the price of fuel, the OSBM will release the “Change in IRS Mileage Rate” memorandum to be found on OSBM’s website when there is a change in this rate. The current state mileage reimbursement rate is 57.5 cents per mile.

For other travel related expenses, please refer to the current rates for travel and lodging reimbursement, presented in the chart below. However, please be advised that reimbursement rates periodically change. The Division of Public Health will only reimburse for rates authorized in OSBM’s North Carolina Budget Manual or adopted by means of an OSBM Budget Memo. These documents are located here: <https://www.osbm.nc.gov/library>

### Current Rates for Travel and Lodging

<b>Meals</b>	<b>In State</b>	<b>Out of State</b>
Breakfast	\$8.60	\$8.60
Lunch	\$11.30	\$11.30
Dinner	\$19.50	\$22.20
<i>Total Meals Per Diem Per Day</i>	<i>\$39.40</i>	<i>\$42.10</i>
<b>Lodging</b> ( <i>Maximum rate per person, excludes taxes and fees</i> )	\$75.10	\$88.70
<b>Total Travel Allowance Per Day</b>	<b>\$114.50</b>	<b>\$130.80</b>
Mileage	\$0.575 per mile	

### Other Restrictions (if applicable)

#### Audits

G.S. 143C-6-23 requires every nongovernmental entity that receives State or Federal pass-through grant funds directly from a State agency to file annual reports on how those grant funds were used.

There are 3 reporting levels that are determined by the total direct grant receipts from all State agencies in the entity’s fiscal year:

Level 1: Less than \$25,000

Level 2: At least \$25,000 but less than \$500,000

Level 3: \$500,000 or more

Level 3 grantees are required to submit an audit. Only Level 3 grantees may include audit expenses in the budget. Audit expenses should be prorated based on the ratio of the grant to the total pass-through funds received by the entity.

## **Indirect Cost**

Indirect cost is the cost incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. Regulations restricting the allocation of indirect cost vary based on the funding source.

This RFA is funded by: 100% State Funds.

## **State Funds**

No indirect costs are allowed on the state funded portion of the sub-awards.

## **VII. EVALUATION CRITERIA**

In order for your application to be considered, please adhere to the instructions below. Applicants must address each of the areas and assemble the application in same sequence as shown below. Number each page consecutively beginning with the Application Face Sheet. No more than fifteen (15) narrative pages will be accepted, not counting the Application Face Sheet, data tables, project budget and IRS Documentation (Items 6 and 7 below). One electronic copy as a Word document attachment should be emailed to Glinda Robinson at: [glinda.robinson@dhhs.nc.gov](mailto:glinda.robinson@dhhs.nc.gov). The Application Face Sheet may be scanned with original signature and submitted as a pdf file.

All applications received on or before the declared deadline shall be reviewed to ensure all required information and documentation are complete and included in the submitted application, and that the application meets the criteria for a School Health Center. All qualified applications shall be reviewed by a multi-disciplinary evaluation committee within the Division of Public Health. The evaluation committee shall use an application scoring tool to score each of the applicant's response section (see below for scoring breakdown and scoring tool). The scored applications shall be submitted to an ad hoc group within DPH who are familiar with the School Health Center Program. The ad hoc group will make a final determination on the number of applicants that shall be funded among the top scoring applicants and the amount of funding per selected applicant. At their option, the application reviewers may request additional information from any or all of the applicants for the purpose of clarification or to amplify the materials presented in any part of the application. However, applicants are cautioned that the reviewers are not required to request clarification of the information provided, therefore all applications should be complete and clearly written.

An application shall be determined to be complete if it does not exceed the page limit and contains the components listed below:

1. Cover Letter
2. Application Face Sheet
3. Application Response (with all content components)
4. Project Budget
5. Letters of Commitment and Support
6. IRS Documentation
7. Verification of 501(c)(3) Status Form (private non-profits)

The Application Response pg. 26 and Project Budget pg. 32 shall have the following components, maximum point values and pages:

**The application evaluation team will score each content area in the application response section as follows:**

<b>Applicant's Response Section</b>	<b>Content Area</b>	<b>Maximum Points</b>	<b>Maximum Pages</b>
3.1	Determination of Need	20	3
3.2	Capacity, Sustainability, Readiness	20	3
3.3	Program Plan	25	5
3.4	Partnership and Community Involvement	15	2
3.5	Continuous Quality Improvement	15	2
4.0	Project Budget for SFY21-22	5	--

## **VIII. APPLICATION**

### **Application Checklist**

The following items must be included in the Word document application. Please assemble the application in the following order:

1.    \_ **Cover Letter**
2.    \_ **Application Face Sheet**
3.    \_ **Applicant's Response/Form**
4.    \_ **Project Budget**  
      Include a budget in the format provided.  
      Indirect costs are not allowed.
5.    \_ **Letters of Commitment or Statements of Support**
- IRS Documentation:*
6.    \_ **IRS Letter Documenting Your Organization's Tax Identification**  
      **Number** (public agencies)  
  
      or  
  
      \_ **IRS Determination Letter Regarding Your Organization's 501(c)(3)**  
      **Tax-exempt Status** (private non-profits)
7.    \_ **Verification of 501(c)(3) Status Form** (private non-profits)

## **1. Cover Letter**

The Word document application must include a cover letter, on agency letterhead, signed and dated by an individual authorized to legally bind the Applicant.

Include in the cover letter:

- the legal name of the Applicant agency
- the RFA number
- the Applicant agency's federal tax identification number
- the Applicant agency's DUNS number
- the closing date for applications.



## 2. Application Face Sheet

This form provides basic information about the applicant and the proposed project with [North Carolina Division of Public Health](#), including the signature of the individual authorized to sign “official documents” for the agency. This form is the application’s cover page. Signature affirms that the facts contained in the applicant’s response to RFA # A-376 are truthful and that the applicant is in compliance with the assurances and certifications that follow this form and acknowledges that continued compliance is a condition for the award of a contract. Please follow the instructions below.

1. Legal Name of Agency:	
2. Name of individual with Signature Authority:	
3. Mailing Address (include zip code+4):	
4. Address to which checks will be mailed:	
5. Street Address:	
6. Contract Administrator: Name: Title:	Telephone Number: Fax Number: Email Address
7. Agency Status (check all that apply):  <input type="checkbox"/> Public <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Local Health Department	
8. Agency Federal Tax ID Number:	9. Agency DUNS Number:
10. Agency’s URL (website):	
11. Agency’s Financial Reporting Year:	
12. Current Service Delivery Areas (county(ies) and communities):	
13. Proposed Area(s) To Be Served with Funding (county(ies) and communities):	
14. Amount of Funding Requested	
15. Projected Expenditures: Does applicant’s state and/or federal expenditures exceed \$500,000 for applicant’s current fiscal year (excluding amount requested in #14)      Yes <input type="checkbox"/> No <input type="checkbox"/>	
The facts affirmed by me in this application are truthful and I warrant that the applicant is in compliance with the assurances and certifications contained in NC DHHS/DPH Assurances Certifications. I understand that the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. The governing body of the applicant has duly authorized this document and I am authorized to represent the applicant.	
16. Signature of Authorized Representative:	17. Date

### 3. Applicant's Response

#### 3.1 Determination of Need:

Total maximum points = 20; Maximum Pages = 3 Single-spaced

Score distribution: 1 to 5 = poor; 6 to 10 = average;

11-15 = good; 16 to 20 = excellent.

1. Provide an assessment of the size, age, health risk factors and service deficits of your target population, including the number of students in the school(s) you are serving, their race and ethnic composition, age-range, socio-economic status, available health care resources, insurance status, and geographical barriers to accessing primary care, mental health, nutrition, and/or preventive health services (*Note: Consider referencing data located at Robert Wood Johnson / County Health Rankings at: <https://www.rwjf.org/en/library/research/2013/10/county-health-rankings---roadmaps-overview.html>*
2. Provide an assessment and a summary of data on the challenges to effective academic performance that exists among the target population with whom you are planning to work.
3. Describe health services that currently exist in the school(s) and community in which your target population lives. Describe the degree to which these services are physically and financially accessible to your target population and how the center will supplement and complement existing services.
4. Describe the overall socio-economic status of the community that the target population is part of; including health disparities, education level, income level, racial and ethnic composition and urban/rural environment (*Note: Consider referencing NC Department of Commerce / County Profiles at: <https://accessnc.nccommerce.com/DemographicsReports/>*)

#### 3.2 Capacity, Sustainability, Readiness:

Total maximum points = 20; Maximum pages = 3 Single-spaced

Score distribution: 1 to 5 = poor; 6 to 10 = average;

11-15 = good; 16 to 20 = excellent.

1. Describe the positive factors, assets and strengths that will support a SHC to increase access to health services for the population you will serve.
2. Describe the challenges to sustainability.
3. Describe health outcomes and performance measures.
4. Provide an overview of strategies for long-term sustainability and capacity-building including acquisition of resources through effective billing, diversification of funding sources, new grant development, increased community collaboration and in-kind support.
5. List the total projected income sources for the SHC for 2021-2022 on Table 2 "Estimated Annual Income and In-Kind Support SFY 21-22".
6. Describe the sponsoring agency and its role in providing managerial, medical, and fiduciary support for the SHC.

### **3.3 Program Plan:**

Total maximum points = 25; Maximum Pages for Program Plan = 5 Single-spaced  
 Score distribution: 1 to 7 = poor; 8 to 14 = average;  
 15 to 20 = good; 20 to 25 = excellent.

1. Describe how the SHC will address performance measures for prevention and health promotion. How will the center assure access to annual adolescent wellness visits, use of comprehensive health risk and strength assessments, adolescent immunizations, family participation, assessment and counseling for weight and physical activities and tobacco use counseling and treatment.
2. Describe how the SHC will provide access to SHC enrollees and users.
3. Describe how the SHC will provide outreach and access for Medicaid, Health Choice and uninsured older children and adolescents.
4. Describe how the SHC will address performance measures for mental and behavioral health and meet the mental health and behavioral health needs in your target population.
5. Provide a summary of a three-year strategic plan for SFY 21-22, SFY 22-23, and SFY 23-24.
6. Include a description of how you will develop partnerships within schools and within the community that will improve educational outcomes including decreased suspensions, decreased absenteeism, improved academic performance for at risk students and improved four-year graduation rates.
7. Identify the Management Information System (MIS) system for providing the required SHC Program Data and your success in providing required data with this system.

**Complete the following appropriate tables on the next pages:**

**Table 1:** “List of SHC Performance Measures SFY 21-22” (Submit ONE for each SHC)

**Table 2:** “Estimate Annual Income and In-Kind Support DFY 21-22” (Submit only ONE for the sponsoring agency for this application)

**Table 3:** “SHC Personnel & Scope of Services SFY 21-22” (Submit ONE for each SHC)

**TABLE 1: List of SHC Performance Measures SFY 21-22****PERFORMANCE MEASURES**

**Below is a listing of some of the data outcomes that will be required by each School Health Center to report to the Program Administrator for the Mid-Year (MY) and End-of-Year (EOY) Required Reports.**

- 1. Total number of unduplicated SHC users ages 10-19**
- 2. Total number of unduplicated SHC users outside the 10-19 age range**
- 3. Total number of medical procedures**
- 4. Total number of preventive procedures**
- 5. Total number of behavioral/mental health procedures**
- 6. Total number of nutrition procedures**
- 7. Total number of SHC users by insurance type**
- 8. Total number of unduplicated SHC users with a medical home**
- 9. Total number of unduplicated SHC users with a dental home**
- 10. Total number of types of Referrals**
- 11. Top four diagnoses seen in your SHC**
- 12. Information for all staff at the School Health Center**
- 13. Outcome Data for Asthma Screening and Control**
- 14. Total number of Annual Well-Child /Adolescent Visits**
- 15. Total number of Depression Screenings**
- 16. Total number of Annual Risk Assessments**
- 17. Total number of BMI Assessments/Nutrition & Physical Activity Counseling Sessions**
- 18. Total number of Chlamydia Screenings**

**TABLE 2: Estimated Annual Income & In-Kind Support SFY 21-22**  
 (Submit only ONE for the sponsoring agency for this application)

<b>CATEGORY</b>	<b>REQUESTED FUNDING FROM THIS RFA #376</b>	<b>OTHER INCOME</b>	<b>SOURCES OF OTHER INCOME</b>	<b>IN-KIND CONTRIBUTIONS</b>	<b>SOURCES OF IN-KIND CONTRIBUTIONS</b>	<b>TOTAL ESTIMATED RFA, OTHER INCOME AND IN-KIND SUPPORT</b>
<b>Children and Youth Grant RFA</b>						
<b>Patient Revenue</b>						
<b>Rent</b>						
<b>Federal Grant Allocation</b>						
<b>County Funding</b>						
<b>Local Funding</b>						
<b>Foundation Funding</b>						
<b>Other</b>						
<b>Other</b>						

*Add rows as necessary*

**TABLE 3: Personnel and Scope of Services SFY 21-22**  
(Submit ONE for each SHC)

<b>SERVICE SITE(S):</b> Identify location of primary center for direct services, schools that will be served, and services and programs that will be based at the schools on this and additional page if appropriate.	<b>PRIMARY SERVICE SITE:</b>	<b>SCHOOL #1</b>	<b>SCHOOL #2</b>	<b>SCHOOL #3</b>
<b>SERVICES in addition to Required Basic Services</b>	<b>*Services provided</b>	<b>*Services provided</b>	<b>*Services provided</b>	<b>*Services provided</b>
One or more required	<input type="checkbox"/> Preventive <input type="checkbox"/> Medical <input type="checkbox"/> Mental Health <input type="checkbox"/> Nutrition <input type="checkbox"/> Other	<input type="checkbox"/> Preventive <input type="checkbox"/> Medical <input type="checkbox"/> Mental Health <input type="checkbox"/> Nutrition <input type="checkbox"/> Other	<input type="checkbox"/> Preventive <input type="checkbox"/> Medical <input type="checkbox"/> Mental Health <input type="checkbox"/> Nutrition <input type="checkbox"/> Other	<input type="checkbox"/> Preventive <input type="checkbox"/> Medical <input type="checkbox"/> Mental Health <input type="checkbox"/> Nutrition <input type="checkbox"/> Other
<b># Days /week services available to students</b>	Days/wk.	Days/wk.	Days/wk.	Days/wk.
<b># hrs./wk. services available to students</b>	Hours/wk.	Hours/wk.	Hours/wk.	Hours/wk.
<b># hrs./wk. providers on site</b>	hours	hours	hours	hours
• <b>Physician</b>	hours	hours	hours	hours
• <b>Nurse Practitioner</b>	hours	hours	hours	hours
• <b>Physician Assistant</b>	hours	hours	hours	hours
• <b>Registered Nurse</b>	hours	hours	hours	hours
• <b>Mental Health Provider</b>	hours	hours	hours	hours
• <b>Nutritionist</b>	hours	hours	hours	hours
• <b>Other:</b>	hours	hours	hours	hours
• <b>Other:</b>	hours	hours	hours	hours
• <b>Other:</b>	hours	hours	hours	hours
<b># hrs./wk. administrative and support personnel on site</b>				
	hours	hours	hours	hours
	hours	hours	hours	hours
	hours	hours	hours	hours
	hours	hours	hours	hours

*Add additional schools as necessary*

### **3.4 Partnerships and Community Involvement:**

Total maximum points = 15; Maximum Pages = 2 Single-spaced

Score distribution; 1 to 3 = poor;

4 to 8 = average; 9 to 12 = good; 13 to 15 = excellent.

1. Describe your collaboration with community-based groups, agencies, sponsors, primary care providers, schools, local education agencies (LEAs), school health advisory committees (SHACs) and other strategic partners to promote health and academic success of older children and adolescents through coordinated services, programs and a system of care that focuses on the assets and risk factors in your target population.
2. Describe the structure and operation of the Advisory Committee. List members and summarize accomplishments. Outline plans for assuring broad representation from the community and how the Advisory Committee will play a leadership role in the development of your SHC.
3. Describe how you will work with parents and support families to increase the effectiveness of your programs, services, and individual interventions.
4. Describe how the SHC will work with Primary Care Providers in the community and support the development of medical homes.

### **3.5 Continuous Quality Improvement:**

Total maximum points = 15; Maximum Pages = 2 Single-spaced

Score distribution; 1 to 3 = poor; 4 to 8 = average;

9 to 12 = good; 13 to 15 = excellent.

1. Describe a continuous quality improvement plan that includes an ongoing process of reviewing performance data by a multidisciplinary staff and the advisory board.
2. Outline an evaluation plan to evaluate the effectiveness of the SHC.

#### 4. Project Budget

Total maximum points = 5; Score distribution: 1 to 2 = incomplete;  
3 to 4 = complete/detail missing; 5 = complete/all details.

Applicants **must** complete a program budget and a budget justification narrative that lists all expenses for the proposed project for the following budget period: June 1, 2021 – May 31, 2022.

Applicants are **required** to use the Microsoft Excel Open Window Budget Worksheet for the application budget. This spreadsheet can be downloaded from the Children and Youth Branch website at [www.ncdhhs.gov/dph/wch/aboutus/childrenyouth.htm](http://www.ncdhhs.gov/dph/wch/aboutus/childrenyouth.htm).

A narrative justification must be included for *every* expense listed in the budget. Each justification should show how the amount on the line item budget was calculated, and it should be clear how the expense relates to the project. Reference *How to Fill out the Open Window Budget Form* which can be downloaded along with the RFA from the Children & Youth Branch website at: [www.ncdhhs.gov/dph/wch/aboutus/childrenyouth.htm](http://www.ncdhhs.gov/dph/wch/aboutus/childrenyouth.htm).

**The budget must be submitted as an Excel document on the electronic copy of the proposal documents. Do not remove any of the formulas in the Excel document.**

Guidance for the main budget categories is found below:

##### **A. Personnel**

Provide staff names (if known), position title, and a brief description of the positions that shall be funded with grant funds in the justification narrative section.

##### **B. Travel**

Identify name and titles of staff for whom travel is proposed, briefly explain the purpose of the travel and how it relates to the action plan and provide an estimate of mileage and per diem costs showing how those expenses were calculated. (Note: travel must be computed at rates no higher than the current State regulations).

##### ***Travel Reimbursement Rates***

Mileage reimbursement rates must be based on rates determined by the North Carolina Office of State Budget and Management (OSBM). Because mileage rates fluctuate with the price of fuel, the OSBM will release the “Change in IRS Mileage Rate” memorandum to be found on OSBM’s website when there is a change in this rate. The current state mileage reimbursement rate is \$0.575 cents per mile.

For other travel related expenses, please refer to the current rates for travel and lodging reimbursement. However, please be advised that reimbursement rates periodically change. The Division of Public Health will only reimburse for rates authorized in OSBM’s North Carolina Budget Manual or adopted by means of an OSBM Budget Memo. These documents are located here: <https://www.osbm.nc.gov/library> and in Section VI. Project Budget on pg. 20 of this RFA.



## 5. Letters of Commitment

Submit letters of commitment and support from partners community partners and colleagues. Include letters from the superintendent of schools and principal(s) of school(s) served by the center, healthcare providers, community-based organizations, local health departments, individuals and other local, state and/or national strategic partners who are or shall be significant in providing leadership and resources for the center during the next three years.

Letters must include:

- Provide a description of the relationship between grant-writer and the school health center (member of advisory board, referral source, community collaborator, funder, etc.) *We encourage submission of letters that are meaningful and are not form letters.*
- If the letter is from a funder, please list the type of financial contribution such as cash, in-kind contributions (if any), grants or pledges to the School Based/School Linked Health Center over the three years of funding through this RFA.

## 6. IRS Letter

### ***Public Agencies:***

Provide a copy of a letter from the IRS which documents your organization's tax identification number. The organization's name and address on the letter must match your current organization's name and address.

### ***Private Non-profits:***

Provide a copy of an IRS determination letter which states that your organization has been granted exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. The organization's name and address on the letter must match your current organization's name and address.

This IRS determination letter can also satisfy the documentation requirement of your organization's tax identification number.

## 7. Verification of 501(c)(3) Status Form

### Verification of 501 (C)(3) Status

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I, \_\_\_\_\_, hereby state that I am \_\_\_\_\_ of (Printed Name) (Title)

\_\_\_\_\_ (“Organization”), and by that authority duly given (Legal Name of Organization)

and as the act and deed of the Organization, state that the Organization’s status continues to be designated as 501(c)(3) pursuant to U.S. Internal Revenue Code, and the documentation on file with the North Carolina Department of Health and Human Services is current and accurate.

I understand that the penalty for perjury is a Class F Felony in North Carolina pursuant to N.C. Gen. Stat. § 14-209, and that other state laws, including N.C. Gen. Stat. § 143C-10-1, and federal laws may also apply for making perjured and/or false statements or misrepresentations.

I declare under penalty of perjury that the foregoing is true and correct. Executed on this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Signature)

# **Appendix A Forms for Reference**

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Do **NOT** complete these documents at this time **nor return them** with the RFA response.  
They are for reference only.

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**FEDERAL CERTIFICATIONS****The undersigned states that:**

1. He or she is the duly authorized representative of the Contractor named below;
2. He or she is authorized to make, and does hereby make, the following certifications on behalf of the Contractor, as set out herein:
  - a. The Certification Regarding Nondiscrimination;
  - b. The Certification Regarding Drug-Free Workplace Requirements;
  - c. The Certification Regarding Environmental Tobacco Smoke;
  - d. The Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions; and
  - e. The Certification Regarding Lobbying;
3. He or she has completed the Certification Regarding Drug-Free Workplace Requirements by providing the addresses at which the contract work will be performed;
4. [Check the applicable statement]
 

☐ He or she **has completed** the attached **Disclosure of Lobbying Activities** because the Contractor **has made, or has an agreement to make**, a payment to a lobbying entity for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action;

**OR**

☐ He or she **has not completed** the attached **Disclosure of Lobbying Activities** because the Contractor **has not made, and has no agreement to make**, any payment to any lobbying entity for influencing or attempting to influence any officer or employee of any agency, any Member of Congress, any officer or employee of Congress, or any employee of a Member of Congress in connection with a covered Federal action.
5. The Contractor shall require its subcontractors, if any, to make the same certifications and disclosure.

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**Signature**


---

**Title**


---

**Contractor [Organization's] Legal Name**


---

**Date**

**[This Certification must be signed by a representative of the Contractor who is authorized to sign contracts.]**

### **I. Certification Regarding Nondiscrimination**

**The Contractor certifies** that it will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse

Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (h) the Food Stamp Act and USDA policy, which prohibit discrimination on the basis of religion and political beliefs; and (i) the requirements of any other nondiscrimination statutes which may apply to this Agreement.

## **II. Certification Regarding Drug-Free Workplace Requirements**

1. **The Contractor certifies** that it will provide a drug-free workplace by:
  - a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Contractor's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
  - b. Establishing a drug-free awareness program to inform employees about:
    - (1) The dangers of drug abuse in the workplace;
    - (2) The Contractor's policy of maintaining a drug-free workplace;
    - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
    - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
  - c. Making it a requirement that each employee be engaged in the performance of the agreement be given a copy of the statement required by paragraph (a);
  - d. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the agreement, the employee will:
    - (1) Abide by the terms of the statement; and
    - (2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;
  - e. **Notifying the Department within ten days after receiving notice under subparagraph (d)(2) from an employee or** otherwise receiving actual notice of such conviction;
  - f. Taking one of the following actions, within 30 days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:
    - (1) taking appropriate personnel action against such an employee, up to and including termination; or
    - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; and
  - g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).
2. The sites for the performance of work done in connection with the specific agreement are listed below (list all sites; add additional pages if necessary):

Street Address No. 1:

City, State, Zip Code:

Street Address No. 2:

City, State, Zip Code:

3. Contractor will inform the Department of any additional sites for performance of work under this agreement.
4. False certification or violation of the certification may be grounds for suspension of payment, suspension or termination of grants, or government-wide Federal suspension or debarment. 45 C.F.R. 82.510.

### **III. Certification Regarding Environmental Tobacco Smoke**

Public Law 103-227, Part C-Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000.00 per day and/or the imposition of an administrative compliance order on the responsible entity.

**The Contractor certifies** that it will comply with the requirements of the Act. The Contractor further agrees that it will require the language of this certification be included in any subawards that contain provisions for children's services and that all subgrantees shall certify accordingly.

### **IV. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions**

#### **Instructions**

[The phrase "prospective lower tier participant" means the Contractor.]

1. By signing and submitting this document, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of the fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originate may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant will provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549, 45 CFR Part 76. You may contact the person to whom this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter any lower tier covered transaction with a person who is

debarred, suspended, determined ineligible or voluntarily excluded from participation in this covered transaction unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this document that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized in paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension, and/or debarment.

#### **Certification**

- a. **The prospective lower tier participant certifies**, by submission of this document, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- b. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

#### **V. Certification Regarding Lobbying**

**The Contractor certifies**, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federally funded contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form SF-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award document for subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) who receive federal funds of \$100,000.00 or more and that all subrecipients shall certify and disclose accordingly.



4. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000.00 and not more than \$100,000.00 for each such failure.

## **VI. Disclosure of Lobbying Activities**

### **Instructions**

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or sub-award recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in Item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (Item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal Identifying number available for the Federal action identified in Item 1 (e.g., Request for Proposal (RFP) number, Invitation for Bid (IFB) number, grant announcement number, the contract grant, or loan award number, the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in Item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in Item 4 to influence the covered Federal action.  
  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter Last Name, First Name and Middle Initial (MI).

11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (Item 4) to the lobbying entity (Item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate boxes. Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate boxes. Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

**Disclosure of Lobbying Activities**  
**(Approved by OMB 0348-0046)**

**Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352**

<p>1. Type of Federal Action:</p> <p><input type="checkbox"/> a. contract</p> <p><input type="checkbox"/> b. grant</p> <p><input type="checkbox"/> c. cooperative agreement</p> <p><input type="checkbox"/> d. loan</p> <p><input type="checkbox"/> e. loan guarantee</p> <p><input type="checkbox"/> f. loan insurance</p>	<p>2. Status of Federal Action:</p> <p><input type="checkbox"/> a. Bid/offer/application</p> <p><input type="checkbox"/> b. Initial Award</p> <p><input type="checkbox"/> c. Post-Award</p>	<p>3. Report Type:</p> <p><input type="checkbox"/> a. initial filing</p> <p><input type="checkbox"/> b. material change</p> <p><b>For Material Change Only:</b></p> <p>Year _____</p> <p>Quarter _____</p> <p>Date of Last Report: _____</p>
<p>4. Name and Address of Reporting Entity:</p> <p><input type="checkbox"/> Prime</p> <p><input type="checkbox"/> Subawardee Tier _____, (if known)</p> <p>Congressional District (if known) _____</p>	<p>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:</p> <p>Congressional District (if known) _____</p>	
<p>6. Federal Department/Agency:</p>	<p>7. Federal Program Name/Description:</p> <p>CFDA Number (if applicable) _____</p>	
<p>8. Federal Action Number (if known)</p>	<p>9. Award Amount (if known) :</p> <p>\$ _____</p>	
<p>10. a. Name and Address of Lobbying Registrant  <i>(if individual, last name, first name, MI):</i></p> <p><i>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</i></p>	<p>b. Individuals Performing Services <i>(including address if different from No. 10a.) (last name, first name, MI):</i></p> <p><i>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</i></p>	
<p>11. Amount of Payment <i>(check all that apply):</i></p> <p>\$ _____ € actual € planned</p>	<p>13. Type of Payment <i>(check all that apply):</i></p> <p><input type="checkbox"/> a. retainer</p> <p><input type="checkbox"/> b. one-time fee</p> <p><input type="checkbox"/> c. commission</p> <p><input type="checkbox"/> d. contingent fee</p> <p><input type="checkbox"/> e. deferred</p> <p><input type="checkbox"/> f. other; specify: _____</p>	
<p>12. Form of Payment <i>(check all that apply):</i></p> <p><input type="checkbox"/> a. cash</p> <p><input type="checkbox"/> b. In-kind; specify: Nature _____</p> <p>Value _____</p>		
<p>14. Brief Description of Services Performed or to be Performed and Date(s) of Services, including officer(s), employee(s), or Member(s) contacted, for Payment Indicated in Item 11 <i>(attach Continuation Sheet(s) SF-LLL-A, if necessary):</i></p>		
<p>15. Continuation Sheet(s) SF-LLL-A attached: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		

<p>16. Information requested through this form is authorized by title 31 U. S. C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U. S. C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</p>	<p>Signature: _____</p> <p>Print Name: _____</p> <p>Title: _____</p> <p>Telephone No: _____ Date: _____</p>	
Federal Use Only	Authorized for Local Reproduction Standard Form - LLL	

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D. C. 20503

**LETTER TO IDENTIFY INDIVIDUALS TO SIGN CONTRACTS****Letter from Board President/Chairperson Identifying  
Individuals as Authorized to Sign Contracts**

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I, \_\_\_\_\_, Board President/Chairperson of  
 \_\_\_\_\_ [Agency/Organization's legal name]

hereby identify the following individual(s) who is (are) authorized to sign **Contracts** for the  
 organization named above:

Printed Name	Title
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Reference only — Not for signature

Signature	* Title	Date
	<i>* Indicate if you are the Board President or Chairperson</i>	

**LETTER TO IDENTIFY INDIVIDUALS TO SIGN EXPENDITURE REPORTS**

**Letter from Board President/Chairperson  
Identifying Individuals as Authorized to Sign  
Contract Expenditure Reports**

---

I, \_\_\_\_\_, Board President/Chairperson of  
\_\_\_\_\_ [Organization’s legal name] hereby  
identify the following individual(s) who is (are) authorized to sign **Contract Expenditure**

Printed Name	Title
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Reference only — Not for signature

Signature	* Title	Date
	<i>* Indicate if you are the Board President or Chairperson</i>	

## **CONFLICT OF INTEREST POLICY**

### **CONFLICT OF INTEREST ACKNOWLEDGEMENT AND POLICY**

State of \_\_\_\_\_

County \_\_\_\_\_

I, \_\_\_\_\_ hereby state that I am the \_\_\_\_\_  
(Printed Name) (Title)

of \_\_\_\_\_ ("Organization"), and by that authority  
(Legal Name of Organization)

duly given and as the act and deed of the Organization, state that the following Conflict of Interest Policy was adopted by the Board of Directors/Trustees or other governing body in a meeting held on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. I understand that the penalty  
(Day of Month) (Month) (Year)  
for perjury is a Class F Felony in North Carolina pursuant to N.C. Gen. Stat. § 14-209, and that other state laws, including N.C. Gen. Stat. § 143C-10-1, and federal laws may also apply for making perjured and/or false statements or misrepresentations.

I declare under penalty of perjury that the foregoing is true and correct. Executed on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(Day of Month) (Month) (Year)

\_\_\_\_\_  
(Signature)

#### ***Instruction for Organization:***

***Sign and attach the following pages after adopted by the Board of Directors/Trustees or other governing body OR replace the following with the current adopted conflict of interest policy.***

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Signature of Organization Official

## Conflict of Interest Policy Example

The Board of Directors/Trustees or other governing persons, officers, employees or agents are to avoid any conflict of interest, even the appearance of a conflict of interest. The Organization's Board of Directors, Trustees, or other governing body, officers, staff and agents are obligated to always act in the best interest of the organization. This obligation requires that any Board member or other governing person, officer, employee or agent, in the performance of Organization duties, seek only the furtherance of the Organization mission. At all times, Board members or other governing persons, officers, employees or agents, are prohibited from using their job title, the Organization's name or property, for private profit or benefit.

A. The Board members or other governing persons, officers, employees, or agents of the Organization should neither solicit nor accept gratuities, favors, or anything of monetary value from current or potential contractors/vendors, persons receiving benefits from the Organization or persons who may benefit from the actions of any Board member or other governing person, officer, employee or agent. This is not intended to preclude bona-fide Organization fund raising-activities.

B. A Board or other governing body member may, with the approval of Board or other governing body, receive honoraria for lectures and other such activities while not acting in any official capacity for the Organization. Officers may, with the approval of the Board or other governing body, receive honoraria for lectures and other such activities while on personal days, compensatory time, annual leave, or leave without pay. Employees may, with the prior written approval of their supervisor, receive honoraria for lectures and other such activities while on personal days, compensatory time, annual leave, or leave without pay. If a Board or other governing body member, officer, employee or agent is acting in any official capacity, honoraria received in connection with activities relating to the Organization are to be paid to the Organization.

C. No Board member or other governing person, officer, employee, or agent of the Organization shall participate in the selection, award, or administration of a purchase or contract with a vendor where, to his knowledge, any of the following has a financial interest in that purchase or contract:

1. The Board member or other governing person, officer, employee, or agent;
2. Any member of their family by whole or half blood, step or personal relationship or relative-in-law;
3. An organization in which any of the above is an officer, director, or employee;
4. A person or organization with whom any of the above individuals is negotiating or has any arrangement concerning prospective employment or contracts.

**D. Duty to Disclosure** -- Any conflict of interest, potential conflict of interest, or the appearance of a conflict of interest is to be reported to the Board or other governing body or one's supervisor immediately.

**E. Board Action** -- When a conflict of interest is relevant to a matter requiring action by the Board of Directors/Trustees or other governing body, the Board member or other governing person, officer, employee, or agent (person(s)) must disclose the existence of the conflict of interest and be given the opportunity to disclose all material facts to the Board and members of committees with governing board delegated powers considering the possible conflict of interest. After disclosure of all material facts, and after any discussion with the person, he/she shall leave



the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.

In addition, the person(s) shall not participate in the final deliberation or decision regarding the matter under consideration and shall leave the meeting during the discussion of and vote of the Board of Directors/Trustees or other governing body.

**F. Violations of the Conflicts of Interest Policy** -- If the Board of Directors/Trustees or other governing body has reasonable cause to believe a member, officer, employee or agent has failed to disclose actual or possible conflicts of interest, it shall inform the person of the basis for such belief and afford the person an opportunity to explain the alleged failure to disclose. If, after hearing the person's response and after making further investigation as warranted by the circumstances, the Board of Directors/Trustees or other governing body determines the member, officer, employee or agent has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

**G. Record of Conflict** -- The minutes of the governing board and all committees with board delegated powers shall contain:

1. The names of the persons who disclosed or otherwise were found to have an actual or possible conflict of interest, the nature of the conflict of interest, any action taken to determine whether a conflict of interest was present, and the governing board's or committee's decision as to whether a conflict of interest in fact existed.
2. The names of the persons who were present for discussions and votes relating to the transaction or arrangement that presents a possible conflict of interest, the content of the discussion, including any alternatives to the transaction or arrangement, and a record of any votes taken in connection with the proceedings.

Approved by:

---

Name of Organization

---

Signature of Organization Official

---

Date

**NO OVERDUE TAX DEBTS CERTIFICATION****State Grant Certification – No Overdue Tax Debts<sup>1</sup>**

To: State Agency Head and Chief Fiscal Officer

**Certification:**

We certify that the \_\_\_\_\_  
 [Organization's full legal name] does not have any overdue tax debts, as defined by **N.C.G.S. 105-243.1**, at the federal, State, or local level. We further understand that any person who makes a false statement in violation of **N.C.G.S. 143C-6-23(c)** is guilty of a criminal offense punishable as provided by **N.C.G.S. 143C-101(b)**.

**Sworn Statement:**

\_\_\_\_\_ [Name of Board Chair] and  
 \_\_\_\_\_ [Name of Second Authorizing Official] being  
 duly sworn, say that we are the Board Chair and  
 \_\_\_\_\_ [Title of Second Authorizing Official],  
 respectively, of \_\_\_\_\_  
 [Agency/Organization's full legal name] of \_\_\_\_\_ [City] in the State of  
 \_\_\_\_\_ [State]; and that the foregoing certification is true, accurate and  
 complete to the best of our knowledge and was made and subscribed by us. We also  
 acknowledge and understand that any misuse of State funds will be reported to the appropriate  
 authorities for further action.

Reference only — Not for  
signature

Board Chair

Reference only — Not for  
signature

Title

Date

Signature

Title of Second Authorizing Official

Date

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Reference only — Not for signature

Notary Signature and Seal

Notary's commission expires \_\_\_\_\_, 20\_\_.

<sup>1</sup> G.S. 105-243.1 defines: Overdue tax debt – Any part of a tax debt that remains unpaid 90 days or more after the notice of final assessment was mailed to the taxpayer. The term does not include a tax debt, however, if the taxpayer entered into an installment agreement for the tax debt under G.S. 105-237 within 90 days after the notice of final assessment was mailed and has not failed to make any payments due under the installment agreement.”

## **CONTRACTOR CERTIFICATIONS**

### **State Certifications**

#### **Contractor Certifications Required by North Carolina Law**

**Instructions:** The person who signs this document should read the text of the statutes and Executive Order listed below and consult with counsel and other knowledgeable persons before signing. The text of each North Carolina General Statutes and of the Executive Order can be found online at:

- Article 2 of Chapter 64: [http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/ByArticle/Chapter\\_64/Article\\_2.pdf](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/ByArticle/Chapter_64/Article_2.pdf)
- G.S. 133-32: <http://www.ncga.state.nc.us/gascripts/statutes/statutelookup.pl?statute=133-32>
- Executive Order No. 24 (Perdue, Gov., Oct. 1, 2009): <http://www.ethicscommission.nc.gov/library/pdfs/Laws/EO24.pdf>
- G.S. 105-164.8(b): [http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter\\_105/GS\\_105-164.8.pdf](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_105/GS_105-164.8.pdf)
- G.S. 143-48.5: [http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter\\_143/GS\\_143-48.5.html](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_143/GS_143-48.5.html)
- G.S. 143-59.1: [http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter\\_143/GS\\_143-59.1.pdf](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.1.pdf)
- G.S. 143-59.2: [http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter\\_143/GS\\_143-59.2.pdf](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.2.pdf)
- G.S. 143-133.3: [http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter\\_143/GS\\_143-133.3.html](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_143/GS_143-133.3.html)
- G.S. 143B-139.6C: [http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter\\_143B/GS\\_143B-139.6C.pdf](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143B/GS_143B-139.6C.pdf)

### **Certifications**

- (1) **Pursuant to G.S. 133-32 and Executive Order No. 24 (Perdue, Gov., Oct. 1, 2009)**, the undersigned hereby certifies that the Contractor named below is in compliance with, and has not violated, the provisions of either said statute or Executive Order.
 

“tax haven country” as set forth in G.S. 143-59.1(c)(2) after December 31, 2001 **but** the United States is not the principal market for the public trading of the stock of the corporation incorporated in the tax haven country.
- (2) **Pursuant to G.S. 143-48.5 and G.S. 143-133.3**, the undersigned hereby certifies that the Contractor named below, and the Contractor’s subcontractors, complies with the requirements of Article 2 of Chapter 64 of the NC General Statutes, including the requirement for each employer with more than 25 employees in North Carolina to verify the work authorization of its employees through the federal E-Verify system." E-Verify System Link: [www.uscis.gov](http://www.uscis.gov)
- (3) **Pursuant to G.S. 143-59.1(b)**, the undersigned hereby certifies that the Contractor named below is not an “ineligible Contractor” as set forth in G.S. 143-59.1(a) because:
  - (a) Neither the Contractor nor any of its affiliates has refused to collect the use tax levied under Article 5 of Chapter 105 of the General Statutes on its sales delivered to North Carolina when the sales met one or more of the conditions of G.S. 105-164.8(b); **and**
  - (b) [check **one** of the following boxes]
    - ☐ Neither the Contractor nor any of its affiliates has incorporated or reincorporated in a “tax haven country” as set forth in G.S. 143-59.1(c)(2) after December 31, 2001; **or**
    - ☐ The Contractor or one of its affiliates **has** incorporated or reincorporated in a
- (4) **Pursuant to G.S. 143-59.2(b)**, the undersigned hereby certifies that none of the Contractor’s officers, directors, or owners (if the Contractor is an unincorporated business entity) has been convicted of any violation of Chapter 78A of the General Statutes or the Securities Act of 1933 or the Securities Exchange Act of 1934 within 10 years immediately prior to the date of the bid solicitation.
- (5) **Pursuant to G.S. 143B-139.6C**, the undersigned hereby certifies that the Contractor will not use a former employee, as defined by G.S. 143B-139.6C(d)(2), of the North Carolina Department of Health and Human Services in the administration of a contract with the Department in violation of G.S. 143B-139.6C and that a violation of that statute shall void the Agreement.
- (6) The undersigned hereby certifies further that:
  - (a) He or she is a duly authorized representative of the Contractor named below;
  - (b) He or she is authorized to make, and does hereby make, the foregoing certifications on behalf of the Contractor; and
  - (c) He or she understands that any person who knowingly submits a false certification in response to the requirements of G.S. 143-59.1 and -59.2 shall be guilty of a Class I felony.

*Contractor's Name:* \_\_\_\_\_

*Contractor's  
Authorized Agent:*      Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

*Witness:*      Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

The witness should be present when the Contractor's Authorized Agent signs this certification and should sign and date this document immediately thereafter.

**FFATA Form****Federal Funding Accountability and Transparency Act (FFATA) Data Reporting Requirement**

NC DHHS, Division of Public Health Subawardee Information

**A. Exemptions from Reporting**

- Entities are **exempted** from the entire FFATA reporting requirement if **any** of the following are true:
  - The entity has a gross income, from all sources, of less than \$300,000 in the previous tax year
  - The entity is an individual
  - If the required reporting would disclose classified information
- Entities who are not exempted for the FFATA reporting requirement may be exempted from the requirement to provide executive compensation data. This executive compensation data is **required only if both** are true:
  - More than 80% of the entity's gross revenues are from the federal government **and** those revenues are more than \$25 million in the preceding fiscal year
  - Compensation information is not already available through reporting to the U.S. Securities and Exchange Commission.

By signing below, I state that the entity listed below **is exempt** from:The **entire** FFATA reporting requirement:

- ☐ as the entity's gross income is less than \$300,000 in the previous tax year.
- ☐ as the entity is an individual.
- ☐ as the reporting would disclose classified information.

**Only executive compensation data reporting:**

- ☐ as at least one of the bulleted items in item number 2 above is not true.

Reference only — Not for signature

Signature \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_

Entity \_\_\_\_\_ Date \_\_\_\_\_

**B. Reporting**

- FFATA Data** required by all entities which receive federal funding (except those exempted above) per the reporting requirements of the *Federal Funding Accountability and Transparency Act* (FFATA).

Entity's Legal Name \_\_\_\_\_ Contract Number \_\_\_\_\_

☐ Active SAM registration record is attachedAn active registration with SAM is required

Entity's DUNS Number \_\_\_\_\_

Entity's Parent's DUNS Nbr  
(if applicable) \_\_\_\_\_**Entity's Location**

street address \_\_\_\_\_

city/st/zip+4 \_\_\_\_\_

county \_\_\_\_\_

**Primary Place of Performance for specified contract**Check here if address is the **same** as Entity's Location ☐

street address \_\_\_\_\_

city/st/zip+4 \_\_\_\_\_

county \_\_\_\_\_

- Executive Compensation Data** for the entity's five most highly compensated officers (unless exempted above):

Title	Name	Total Compensation
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

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